



PIPEFITTERS LOCAL 636
FRINGE BENEFIT FUNDS
P.O. BOX 278
TROY, MICHIGAN 48099-0278
(248) 641-4936 (888) 646-8920

OPT-OUT BENEFITS ENROLLMENT FORM

You must execute this form to receive Opt-Out benefits, instead of comprehensive medical and prescription drug benefits, from the Fund. Opt-Out benefits include (1) supplemental short-term disability for Active Employees, and (2) a self-funded prescription drug benefit, vision and dental benefits, and an enhanced health reimbursement account for Active Employees and Pensioners. If you enroll for Opt-Out benefits, your Dependents will also be enrolled in Opt-Out benefits. Once the Opt-Out option is selected, you will be allowed to re-enroll in comprehensive medical and prescription drug coverage only upon the earlier of:

- The next January Open Enrollment, or
- The first of the month following the month in which you notify the Fund that your other coverage terminated, or you have a new dependent as a result of marriage, birth, adoption or placement for adoption, **but only if you provided the Fund notice within 30 days of such an event.**

If you desire to enroll in Opt-Out benefits, please complete the following:

Name- Last First M.I. Date of Birth Social Security No.

Beneficiary Designation:

Primary

Name- Last First M.I. Relationship Date of Birth

Secondary

Name- Last First M.I. Relationship Date of Birth

Statement of Health Coverage:

I have attached proof that I have comprehensive medical and prescription drug coverage under another group health plan or health insurance.

Signature

Date